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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner for Patents Box Reissue Washington, DC 20231	Attorney Docket No.	96-204RF
	First Named Inventor	Gad Assaf
	Original Patent Number	6,108,954
	Original Patent Issue Date (Month/Day/Year)	February 1, 2000
	Express Mail Label No.	

APPLICATION FOR REISSUE OF: ☒ Utility Patent ☐ Design Patent ☐ Plant Patent
(Check applicable box)

APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/ SB/ 56) (Submit an original, and a duplicate for fee processing)	10. <input checked="" type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).
2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	11. <input type="checkbox"/> Original U.S. Patent for surrender <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55)
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)	12. <input checked="" type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)
4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	13. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations
5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52)	14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)
6. <input checked="" type="checkbox"/> Power of Attorney	15. <input checked="" type="checkbox"/> Preliminary Amendment
7. Original U.S. Patent currently assigned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, check applicable box(es)) <input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53) <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)	16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table	17. Other:
9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary) a. <input type="checkbox"/> Computer Readable Form (CFR) b. Specification Sequence Listing on: <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies

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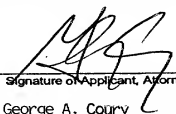
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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 96-204RE	
Claims as Filed - Part 1							
Claims in Patent		Number Filed in Reissue Application		(3) Number Extra		Small Entity Rate Fee	
(A) 28	Total Claims (37 CFR 1.16(i))	(B) 28	(D) 10	**** 0 =	x \$ 0 =	0	or
(C) 10	Independent claims (37 CFR 1.16(j))			* 0 =	x \$ 0 =	0	x \$ =
Basic Fee (37 CFR 1.16(h))						\$ 0	\$
Total Filing Fee						\$ 370	OR \$
Claims as Amended - Part 2							
(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For		(3) Extra Claims Present		Small Entity Rate Fee	
Total Claims (37 CFR 1.16(i))		*** 49	MINUS ** 28	* = 21	x \$ 9 =	189	x \$ =
Independent Claims (37 CFR 1.16(j))		*** 14	MINUS ***** 10	= 4	x \$ 42 =	168	x \$ =
Total Additional Fee						\$ 357	OR \$
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>02-0134</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>727.00</u> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p>							
<p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>							
<p><u>1/30/02</u> Date</p>				<p style="text-align: center;"> Signature of Applicant, Attorney or Agent of Record George A. Coury Typed or printed name</p>			